

FIG. 1

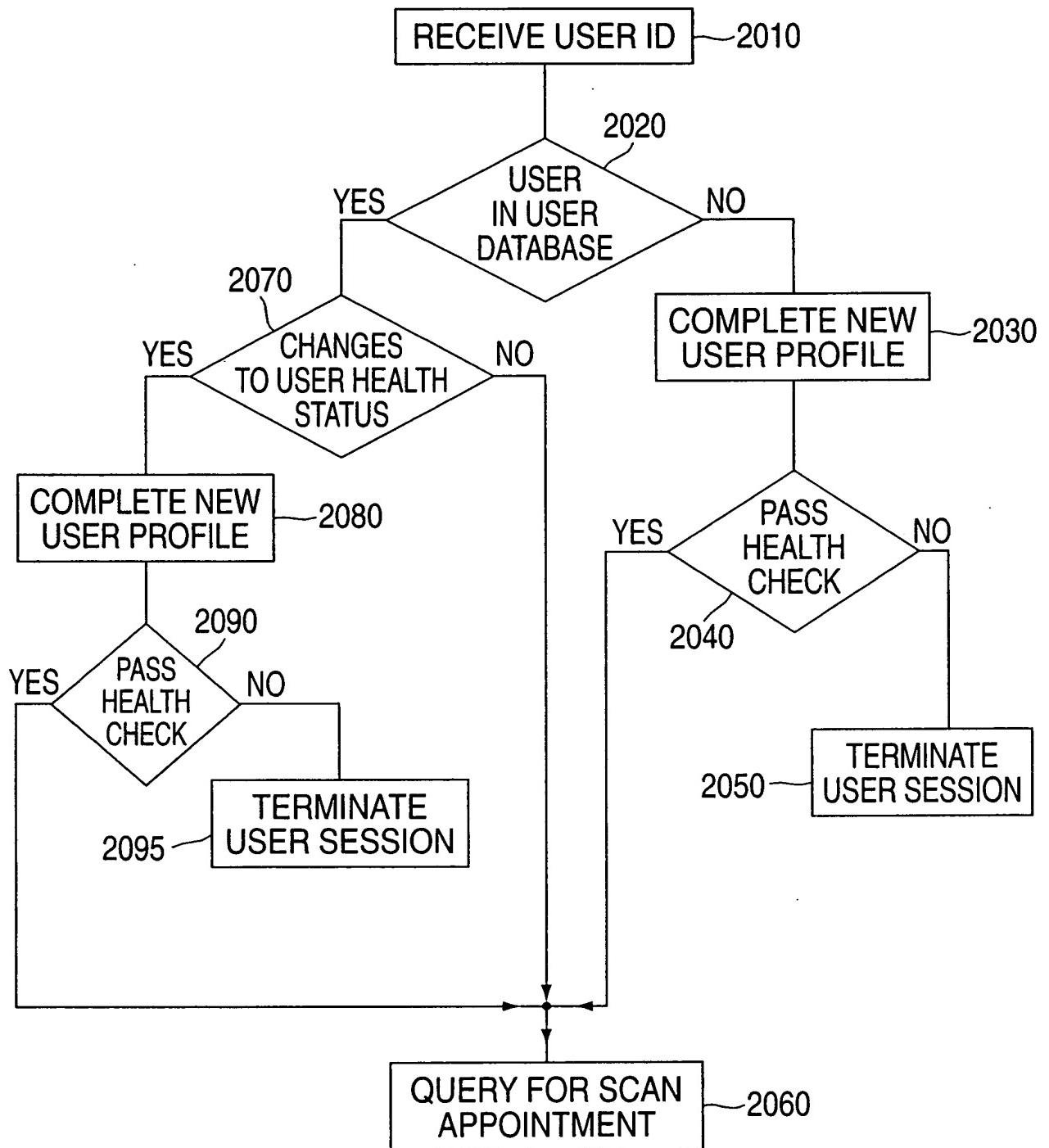


FIG. 2

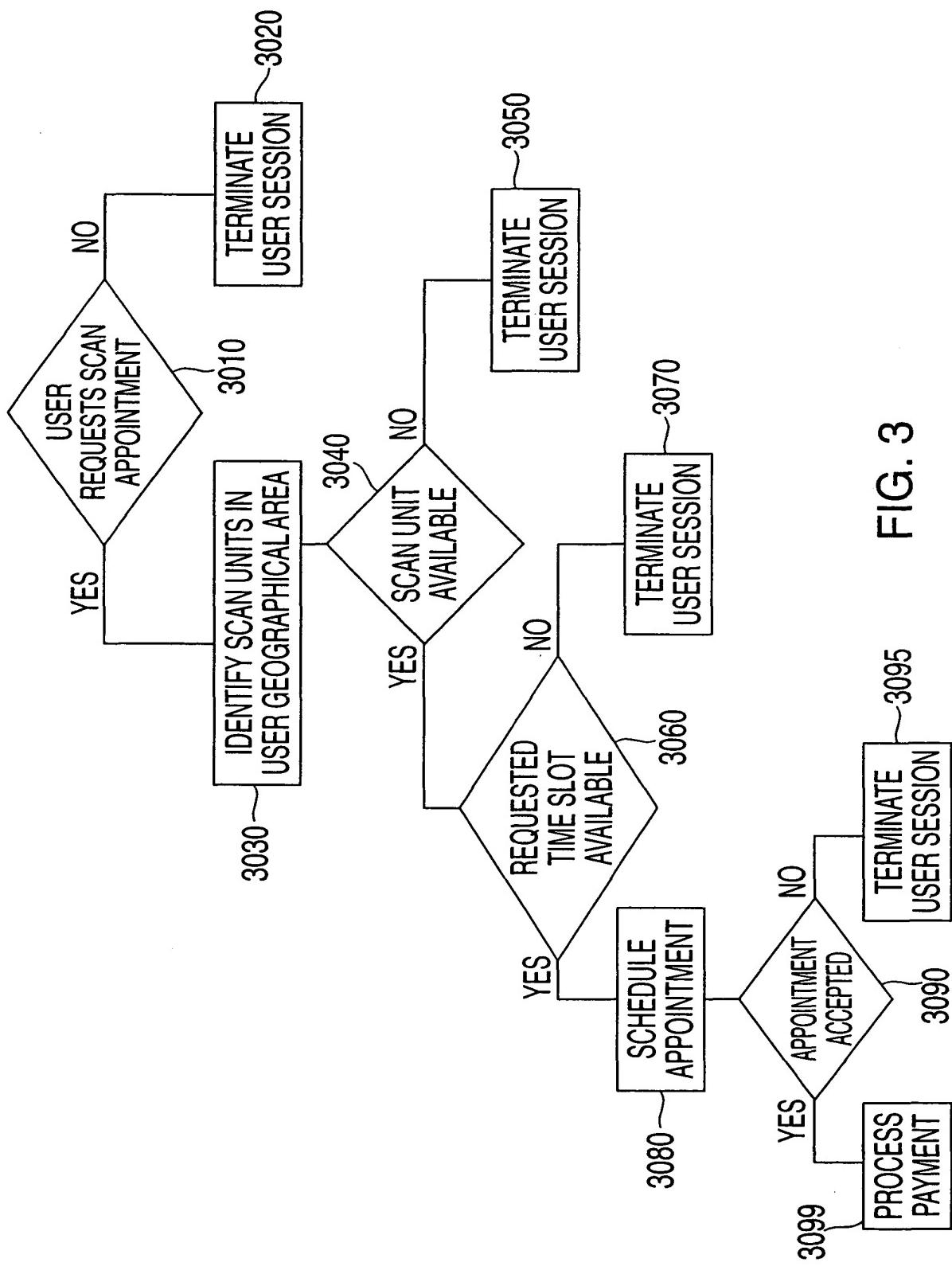


FIG. 3

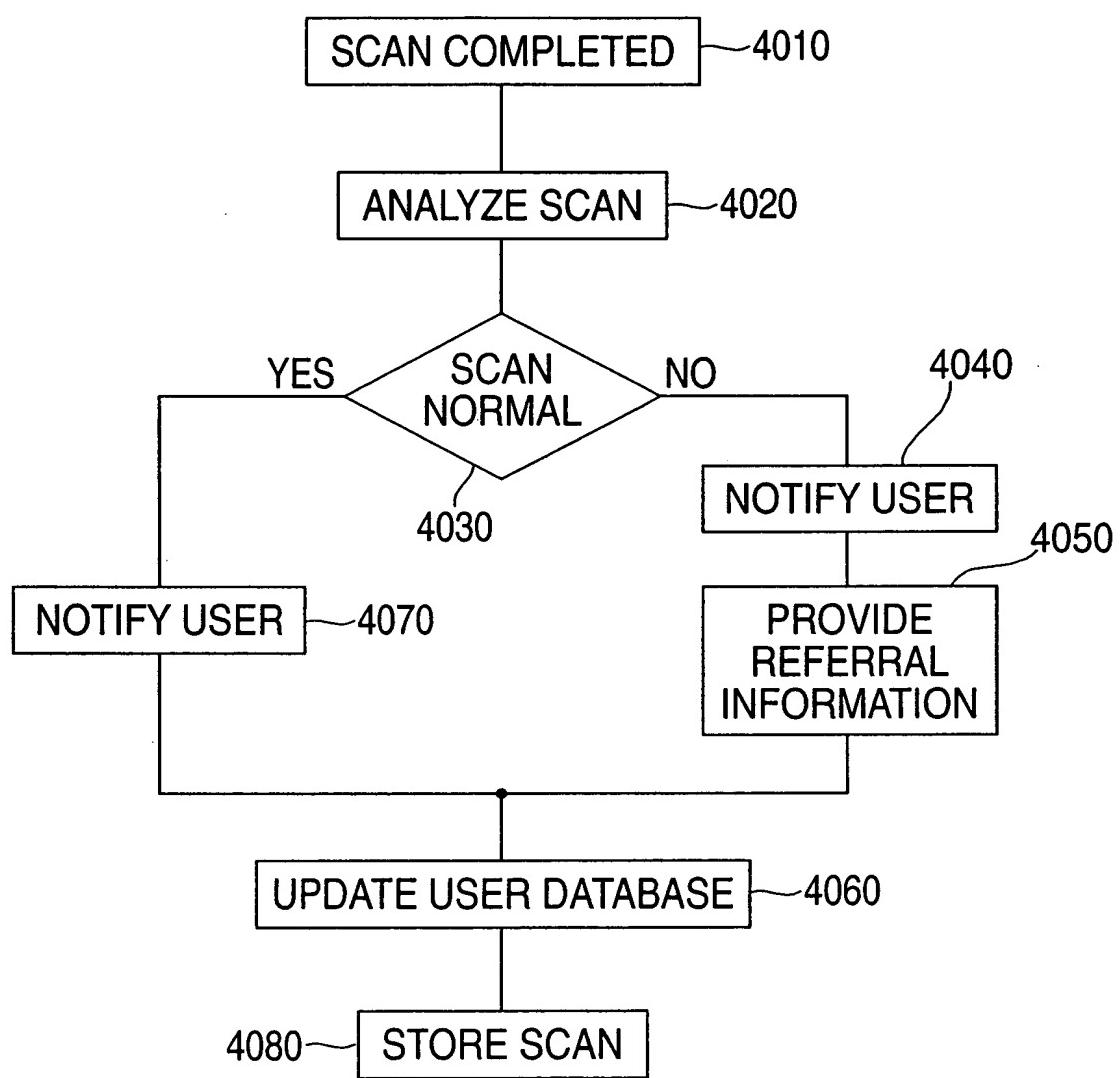


FIG. 4

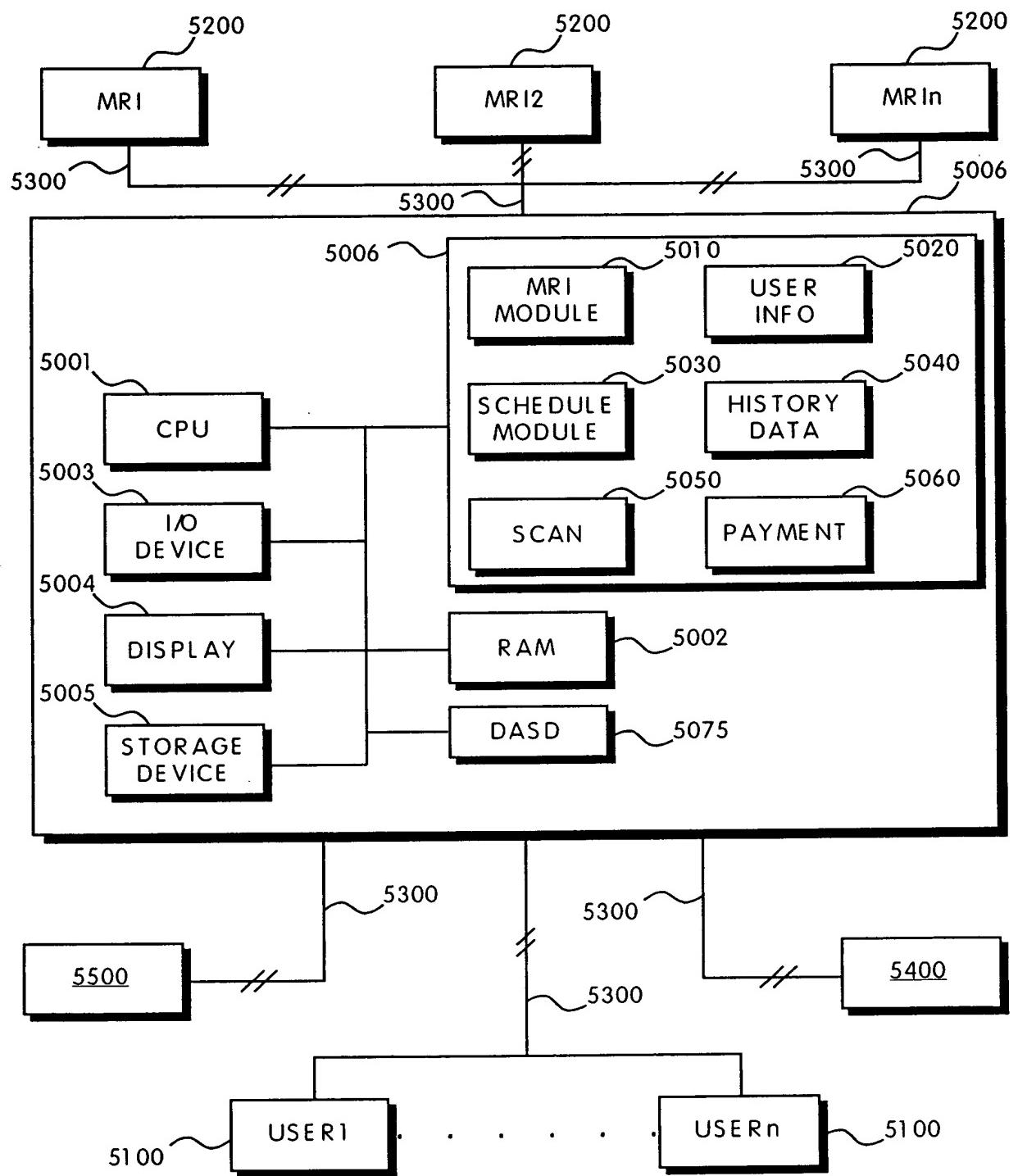


FIG. 5

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brainscans.com

?????????????????????????????

Home
About Us
Schedule Appointments

Wednesday, July 28, 1999

Tell Us About Yourself

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

???????
???????
???????

Last Name

First Name & MI

Street Address

Apt No./Floor

City/State/Zip

Day Phone #

Night Phone #

Age

Occupation

Handedness LEFT HANDED RIGHT HANDED AMBIDEXTROUS

How far are you willing to travel? (miles)

???????

???????

Did You Know?

???????
?????????????
?????????????
???????

FIG. 6A

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Home
About Us
Schedule Appointments

Wednesday, July 28, 1999

Have You Ever Had...?

● Tell Us About Yourself
● Have You Ever Had...?
● Medical Background
● Change A Radiologist
● Change Appointment Time
● Enter Payment Information

Yes Please answer the following questions: No

Brain Surgery
 Head or Eye Injury
 Cardiac Pacemaker
 Cardiac Defibrillator
 Previous Cardiac Pacemakers Removed
 Implanted Drug Diffusion Device
 Bone Growth Stimulator
 Neurostimulator (Tens-Unit)
 Any Type of Biostimulator
 Hearing Aid
 Metal In Eye
 Cochlear Implant
 Nitroglycerin Patch
 Any Device Implanted In Your Body
 Metallic Implants (e.g. Hip or Knee Replacement Surgery)
 Severe Anxiety Attacks
 Any Dental Item Held In Place By A Magnet

???????

Did You Know?
There are 100,000 brain tumors in the US every year.

???????

???????

FIG. 6B

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Home
About Us
Schedule Appointments

Wednesday, July 28, 1999

Medical Background

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Backround
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

???????
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???????

Are you claustrophobic? Yes No

Do you have symptoms now? Yes No

If yes, please select from the list below:

Syptoms:

MEMORY LOSS
HEADACHES
LOSS OF VISION
DOUBLE VISION
FACE NUMBNESS
HEARING LOSS
VERTIGO
SWALLOWING DIFFICULTIES
WEAKNESS OF ARM OR LEG
LOSS OF CONCIOUSNESS
SEIZURES

Did You Know?

The yearly Incidence of brain tumors is ??????.
???????

Other: (please type in box below)

--

Are you on any medications? Yes No

If yes, please list them below:

--

Do you have a regular physician? Yes No

If yes, please tell us about him/her:

Last Name	<table border="1"><tr><td> </td></tr></table>	
First Name	<table border="1"><tr><td> </td></tr></table>	
Street Address	<table border="1"><tr><td> </td></tr></table>	
Apt/Suite No.	<table border="1"><tr><td> </td></tr></table>	
City/State/Zip	<table border="1"><tr><td> </td></tr></table>	

FIG. 6C

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Home
About Us
Schedule Appointments

Wednesday, July 28, 1999

Choose a Participating Radiologist

We have found 1 radiologist(s) within appx.80 miles of you.

- Tell Us About Yourself
- Have You Ever Had...?
- Medical Background
- Change A Radiologist
- Change Appointment Time
- Enter Payment Information

MRI Center
300 Park Avenue
New York, N.Y. 10005
Phone: 212-888-0033

???????
???????
???????

Did You Know?

Over half of ???
????????????
?????????????
?????????????
?????????????

FIG. 6D